

**OBJECT CLASS CATEGORIES DETAIL BREAKDOWN**

[Note: Please indicate any pre-award costs with a star (\*)]

[Federal share plus \*\* Match share]

**Tribe Name:****Grant Name & Number:****a. PERSONNEL**

Position - Recipient Staff Only	Estimated Hours (FTEs)	Salary (Hourly Rate)	Amount
			\$0
			\$0
			\$0
			\$0
<b>Total Personnel Cost</b>			<b>\$0</b>

Approved  
Budget:  
This Award**\$0****b. FRINGE BENEFITS**

Base	\$0
x Rate	
<b>Total Fringe Benefits Cost</b>	<b>\$0</b>

**\$0****c. TRAVEL: IN-STATE**

Purpose (Inspections, in-tribe meetings, errands)	Destination	No. of Days	No. of Staff	Miles	Rate	Cost
					\$0.45	\$0
					\$0.45	\$0
					\$0.45	\$0
<b>Total In-State</b>					\$0.45	\$0

**TRAVEL: OUT-OF-STATE**

Purpose (Regional/National Conferences)	Destination	No. of Staff	Per Diem	Lodging	Airfare	Cost
						\$0
						\$0
						\$0
						\$0
<b>Total Out of State</b>						\$0
<b>Total Travel</b>						<b>\$0</b>

**\$0****d. Capital Equipment (Cost of \$5,000 or more, useful life of 1 year or more)**

Item - Purchase	Number	Cost Per Unit	Total
<b>Item - Lease</b>			
<b>Total Equipment</b>			<b>\$0</b>

**\$0**

**e. Supplies**

List Supplies by groups (Office, Laboratory, etc.)	Cost Per Unit	Total Cost
Office		
Laboratory		
Other:		
<b>Total Supplies</b>		<b>\$0</b>

**\$0**

**f. Contractual - Planned (Subject to Procurement Regs)**

List each planned contract or type of service to be procured.	Total Cost
	\$0
<b>Total Contractual</b>	<b>\$0</b>

**\$0**

**g. Construction**

	Total Cost
	\$0
<b>Total Construction</b>	<b>\$0</b>

**\$0**

**h. Other - Consultants**

List each consultant	Rate/Hr	Unit (# of hrs/days)	Cost
			\$0
			\$0
			\$0

**h. Other - Pass Through**

List each pass-through entity	Cost
	\$0
	\$0
	\$0

**h. Other - Subgrants**

List each subgrant	Cost
	\$0
	\$0
	\$0

**h. Other - Operating**

List each Operating Entity	Cost
	\$0
	\$0
	\$0

**h. Other - In-Kind**

Item/Service	Market Value	Use Calculations	Source	Total
				\$0

<b>TOTAL CONSULTANT, PASS THROUGH, SUBGRANT, OPERATING AND IN-KIND COST</b>	<b>\$0</b>
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**\$0**

	Base	IDC Rate	Percentage	Totals
h. Total Direct Costs (a through g) Include Match Funds				\$0

\$0

**Please manually calculate remaining lines:**

i. Indirect Cost*: (Rate: % minus )				
j. Total Proposed Costs				
Federal Percentage: 95% (PPGs = 100%)				
Recipient Percentage 5%				

\$0
\$0
\$0

\* Indirect Costs must reflect the IDC agreement. Some tribes do not pay IDC on equipment or contracts.  
Some tribes only pay IDC on salary.